*

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

APR 27 2017

PLEASE PRINT

1. Name of Lobbyist(s) PRESTON A. PARDY	NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's partnership, firm or corporation, if any:	-
NH ASSOC OF SPECIAL ED ADMINISTRATIONS I	w f
NHASSOL OF SPECIAL ED ADMINISTRATIONS, I	
Business Address: (Street) (Town/City) SULTY 163 CON	Cip Code)
(Co3) 224-7555 (603) 224-6684 e-mail a par (Fax)	dy a nhasia, or
III. This statement covers: (Choose one - file separate reports for each client, OR you mare reportable expense transactions which are not attributable to any one client).	ay file a separate report for
All reportable transactions occurring in the months prior to the reporting date relative to the	e following client:
NH ASSCC. CF SPECIAL ED. ADMINISMATCAS (Full Name of Client as it appears on the Lobbyist Registration Form)	INC.
(Full Name of Client as it appears on the Lobbyist Registration Form) OR	
All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying unrelated to any particular client.	g firm listed below which are
IV. Date of Report April 26, 2017 July 26, 2017 July 26, 2017 activity from date of registration to 3/31/17 activity from 4/1/17 to 6/30/17	,
October 25, 2017	/17
V. There have been no fees received and no reportable transactions made since to If this box is checked, complete just this form and submit it to the Secretary of State's Office, State's Off	State House, Room 204.
VI. Check if additional reports are attached:	
☐ If you have received fees or made expenditures, you must file Addendum A-Fees and E	xpenses
☐ If you have paid an honorarium or reimbursed expenses, you must file Addendum B—Re Expense Reimbursement	port of Honorariums or
☐ If you, your firm, or your family has made political contributions, you must file Addenda	ım C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the and complete to the best of my knowledge and belief. (Signature of lobbyist) (Date of Response of lobbyist)	
(Print Name of lobbyist)	